A LIST OF CASES OF

EXTRA-UTERINE GESTATION,

OPERATED ON BY MR. MAYO ROBSON,

TO ILLUSTRATE HIS VALEDICTORY ADDRESS BEFORE THE BRITISH GYNÆCOLOGICAL SOCIETY, JANUARY 13TH, 1898.

ROYAL COLLEGE OF SURGEONS OF ENGLAND * LIBRARY * 6 APR 98

No.	Date.	Initials.	Age.	Private or Hosp't'l	History.	Condition when seen by Operator.	Operation.	Result	After History.
1	27-4-91	Mrs F.	29	P	Previous good health; 2 children, last 2 years before. One missed period, 2 weeks. Sudden pain and collapse in Railway Station; carried home to bed. Slight Metrorrhagia	Seen in collapse some hours after. Uterus slightly pushed to the right	Abdomen full of blood and clots. Left ruptured tube removed. Lavage. Drainage	R	Now well
2	23-12-91	Mrs H	23	P	Regular in menses, and well up to 3 weeks before seizure, when began to have pain on right side of pelvis; missed period. Sudden pain and collapse while at breakfast. Slight Metrorrhagia and Membrane passed	Seen within 2 hours. Pulseless. Fulness on right, and uterus tilted to left	Abdomen full of blood and clots. Right ruptured tube removed. Lavage. Drainage	R	Now well (20)
3	22 2 92	Mrs. C.	32	P	Rupture sixth week from last period: sudden seizure while going to church; collapse Partial recovery on removal to bed, and then second attack 24 hours after first. Slight Metrorrhagia	Pulse 140. No Tumour felt. Fluctuation in abdomen. Sanguineous vaginal discharge	Operation 32 hours after first rupture. Six hours after second attack. Left tube ruptured close to uterus. Removal. Lavage. Drainage	R	Now well

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4	3-4-92	Mrs. H	24	P.	Sudden seizure with faintness after period missed few days	Large blood cyst in neighbourhood of ovary, which was joined up to open end of Fallopian Tube. Tumour felt on bimanual examination	Appendage removed. Questionable ovarian form of Ectopic Gestation	R	Well
5	18-8-92	Mrs. S.	30	P.	Six weeks since last period, slight show soon after period missed. First attack 2 days before I saw her; partial recovery. Second attack 12 hours before my visit. Metrorrhagia	Collapsed and pulseless. Left tube size of small orange, ruptured in middle. Fluctuation in abdomen	Operation 48 hours after first rupture. Abdomen full of blood. Removal of left tube. Lavage. Drainage	D	Sudden from Pulmonary Embolism 16 hours after operation
6	19-3-96	Mrs. E. M.	32	H.	Menses normal up to January, when last period. End of February menses appeared, and membrane passed with pain, and later some faintness.	Swelling to right of and behind uterus. Faintness just before operation	The tube had just ruptured on the peritoneal aspect, and was bleeding freely. The ovum was found in the tube intact. Much blood free in pelvis	R	Cure
7	6-10-96	Mrs. G	34	P.	One missed period. Sudden attack of syncope, with pelvic pain thought to be peritonitis	Rapid pulse. Distended abdomen. Fluctuation in abdomen. Uterus tilted to right. Os soft and patulous. Slight vaginal discharge.	Abdomen containing free blood. Clots in large quantity. Ruptured left tube removed. Lavage. Drainage	R	Well
8	2-3-97	Mrs. C	28	P.	Salpingitis and Ovaritis years before. Never pregnant. One period missed six weeks. Sudden faintness and pain three days before my seeing her, second attack day before	Free fluid in abdomen. Pulse rapid. No temperature. Tumour felt on left, and uterus pushed over to right	Abdomen full of blood. Left tube size of Tangerine Orange, ruptured and bleeding. Ovum still in tube. Removal. Lavage. Drainage	R	Well
9	23-11-97	Mrs. B	30	P.	One child four years old. Metrorrhagia or Leucorrhœa ever since last period, six weeks previously	Operation 36 hours after rupture. Recovery from initial collapse and recurrence of fainting. Pulse 130	Operated on for me by Mr. W. H. Thompson, 36 hours after rupture. About three pints of blood free in peritoneum. Ruptured tube removed. Abdomen washed out and drained	R	Cure

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10	4-6-80	Mrs. B.	26	P	Missed period soon after marriage. Sudden pain in pelvis and collapse followed by discharge of blood and membrane. Formation of Hœmatocele in left broad ligament	Tumour on left of pelvis reaching into abdomen. Tender on pressure. Fever. Douglas' pouch filled up. Rectum surrounded. Illness extending over several months	Abscess of left broad ligament opened up and drained. Blood clots with pus in abscess sac	R	Well now
11	4-5-87	Mrs. M	42	P	Abdominal tumour with Amenorrhœa 25 years before. Pregnancy diagnosed but no labour followed. Abdomen gradually got less. 7 years bladder symptoms	Hard pelvic tumour felt at lower part of abdomen, and bimanually felt close to and fixed to uterus	Urethra dilated and bones extracted from fœtal sac through bladder; bladder and fœtal sac washed out. Drainage	R	Quite well some years later
12	15-9-89	Mrs. R. S.	29		Dysmenorrhœa since marriage 5 years before. Probably Gonorrhœa. Amenorrhœa 3 months. Sharp pelvic pain followed by painful menstruation	Seriously ill with great pelvic distress. Tumour on left of uterus. Uterus anteflexed and pushed to right	Fœtal blood cyst in left broad ligament, size of hen's egg, with ovary and tube adherent. Removal.	R	Quite well since
13	21-9-90	Mrs. W	31	P	Dysmenorrhœa and Dyspareunia for five years, since birth of child. Pelvic pain and two missed periods	Tumour on right of uterus diagnosed as Extra-Uterine Gestation. Operation declined. Sudden pain followed by syncope. Pelvic Hœmatocele developed	Hœmatocele absorbed very gradually, and convalescence prolonged	R	Well now
14	10-11-90	Mrs. K. C.	20	H	History of Gonorrhœa followed by Dysmenorrhœa and continued pelvic distress. One period missed	Tumour felt on left of uterus. Great pelvic distress and marked tenderness on bimanual examination	Left tube filled with blood clot, and ovary and tube adherent. Probably abortion in tube. Membranes, but no fœtus. Removal.	R	Quite well since
15	11-12-90	Mrs. A. F.	26	H	Severe pain. Dysmenorrhœa, then period of Amenorrhœa	Great pelvic distress. Invalidism. Fixed tumour on left of uterus	Left Hœmatosalpinx removed. Blood clot and membrane, but no fœtus found	R	Quite well since

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16	19-12-90	Mrs. S. H.	30	H	Menses ceased end of October. Six weeks later while at work faintness and pelvic pains; two days after, second attack; 2 weeks after, third severe attack, and then blood and membrane passed	Pelvic tumour. Uterus pushed to left. Tender abdomen. Profound anæmia	Large blood clot filling pelvis. Right tube ruptured ¾ in. in longitudinal axis. Right appendage removed	R	Well some time after
17	11-5-93	Mrs. T. Jewess.	26	H	Confined 15 months before and suckled child. Menses had never reappeared; 12 weeks before admission sudden pain and collapse, together with appearance of menses, which continued	Tumour size of orange felt through abdominal wall, on right of uterus. 'Per Vaginam' this felt to be separate from uterus, though close to it. Os patulous.	Right tube removed with mass of blood clot surrounding it. Tube unruptured, the blood having evidently escaped from the open ostium. Probably an abortion from the end of the tube. Much lymph with the blood clot. Decidua in tube.	R	Cure
18		Mrs. L V.	25	H	One child 3 years before. Gonorrhœa. Dysmenorrhœa. One period missed. Severe abdominal pains, followed by collapse and recovery, and later some repetition of attacks extending over 6 weeks	Douglas' pouch and pelvis filled by soft swelling, which surrounded the uterus. Os soft and exuding purulent sanguineous discharge	Ruptured Fallopian Tube, with hæmorrhage into broad ligament, and into abdomen. Limited by intestines and omentum	R	Good recovery from operation, but 3 months later had Gonorrhœal Pyetitis following Cystitis and other troubles
19	23-7-96	Mrs. P. R.	33	H	Four children. Menstruation regular up to 7 weeks before, then missed 1 week, when menses commenced and membrane passed, since which time pelvic pain and metrorrhagia	Os patulous. Distended left tube felt. Uterus enlarged but freely movable	Left Fallopian Tube occupied by ovum, removed. Ostium of tube patulous and bleeding into abdomen. Tube unruptured. Clots in peritoneal cavity.	R	Cure

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20	18-2-97	Mrs H.L	37	H	Ten children; last four years ago. Missed period at end of November; pelvic pain with collapse middle of December; menses then commenced. Between that time and operation she had several fainting seizures with pain	Os patulous and Douglas' pouch full. Soft tumour in pelvis around uterus	Sac containing blood clot in pelvis limited by intestines and omentum. Ruptured tube in centre of mass, and ovum found in centre of clot	R	Cure
21	20-5-97	Mrs. E.C.	39	H	One miscarriage at age of 19; 3 years before, severe abdominal and pelvic pain. March 29th, sudden pelvic pain and collapse. April 10th, 22nd, 27th, and May 1st similar attacks with increased pain in left side of pelvis. Metrorrhagia continuous	Uterus surrounded by soft tumour and Douglas' pouch filled up. Great tenderness	Pelvis filled with blood clot, and on left of uterus ruptured tube with placenta in it. On clearing the tube it was still bleeding	R	Cure
22	22-7-97	Mrs. M.H. Armley	29	P	One child two years before. Dysmenorrhœa. Two missed periods, then great pain and faintness; abdomen became distended and a pelvic abdominal tumour developed; exacerbations of pain and several fainting attacks. Rapid pulse and increase of temperature; Metrorrhagia and offensive discharge	Abdomen distended, and tender. Pelvic tumour extending nearly up to umbilicus. Uterus fixed. Pulse 140 to 150. Temperature 102° to 103°. Os patulous. Offensive purulent sanguineous discharge	Pelvis filled with blood clot breaking down, and offensive. Left tube ruptured, and containing placenta. Much matting of intestines and omentum. Tube ligatured off and removed. Abdomen cleared and drained.	R	Now quite well.
23	22-10-97	Mrs S.	26	P	Six years before had pelvic symptoms nine weeks before had sudden abdominal and pelvic pains, followed by hæmorrhage from uterus. Pelvic distress and uterine hæmorrhage	Pelvic and abdominal tumour surrounding uterus. Marked tenderness and Douglas' pouch filled up. Os patulous. Sanguineous discharge. Pulse rapid, and some fever	Blood clot in pelvis with placental remains. Both tubes and ovaries diseased, but left ruptured. Removal. Drainage.	R	Well